DEPARTMENT OF VETERANS AFFAIRS Telephone: 317/232-3910 302 West Washington Street, Room E-120 Fax: 317/232-7721 Indianapolis, Indiana 46204-2738 State Form 32584 (R4/3-97)

CERTIFICATION OF ELIGIBILITY	FOR VETERAN	LICENSE	PLATES*		
Veteran's Name					
Street Address					
City	State		Zip		
VA Claim Number	Socia	Social Security Number			
I request certification for the	following lice	ense plat	e:		
Disabled _	Ex-POW			Purple Heart	
Veteran's Signature					
(Authorizes the release of infor	cmation to conf	irm elig	ibility)		
Purple Heart license plate appliapplication. Approved application faxed back to the applicant. You once this form has been approved plate and then only if your disalicense plate may be approved at require a form. You must present honorable or under honorable con	ication must had been are returned by do not need and, except for the ability status to your local lint your DD 214	ed only by to reapp the Disab changes. icense brook or disch	entation y mail; t ly for ce led Veter *The Hoo anch and	with the They cannot be ertification an license osier Veteran does not	
DO NOT WRITE BELOW THIS LINE To be completed by Indiana Depart	ctment of Veter	rans Affa	irs		
None of the veteran license plat approved by the Indiana Department the Indiana Department of Vetera without the embossed seal are no	ent of Veterans ans Affairs wil	s Affairs	. Forms	approved by	
According to records available, entitled to the license plate(s)			n, is	/is not	
Class I - 100% Disabled Veteran	/eteran		_ Class	II - Disabled	
Ex-POW			_ Purple	e Heart	

Approving Authority Signature _____ Date